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 IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: : Bankruptcy No. 20-20402-GLT

DAWNA E. MOZES,

:

Debtor

:

Chapter 7

DAWNA E. MOZES,

:

Movant

:

v.

:

:

:

No Respondent :

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

- ☐ Voluntary Petition - *Specify reason for amendment:*
Official Form 6 Schedules (Itemization of Changes Must Be Specified)
- ☐ Summary of Schedules
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☐ Schedule D - Creditors holding Secured Claims –secured amounts adjusted only
- Check one:
- ☐ Creditor(s) added
- ☐ NO creditor(s) added
- ☐ Creditor(s) deleted
- ☐ Schedule E - Creditors Holding Unsecured Priority Claims
- Check one:
- ☐ Creditor(s) added
- ☐ NO creditor(s) added
- ☐ Creditor(s) deleted
- ☐ Schedule F - Creditors Holding Unsecured Nonpriority Claims
- Check one:
- ☒ Creditor(s) added
- ☐ NO creditor(s) added
- ☐ Creditor(s) deleted
- ☐ Schedule G - Executory Contracts and Unexpired Leases
- Check one:
- ☐ Creditor(s) added
- ☐ NO creditor(s) added
- ☐ Creditor(s) deleted
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)
- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Other: _____

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Bankruptcy Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows: all parties on the creditor matrix, which is hereto attached.

Date: 10/27/2021

/s/ Christian M. Rieger
Christian M. Rieger, Esquire
PA: 307037
2403 Sidney Street
Suite 214
Pittsburgh, PA 15203
(412) 381-8809
(412) 381-4594 (fax)
criegerlaw@gmail.com

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Label Matrix for local noticing
0315-2
Case 20-20402-GLT
WESTERN DISTRICT OF PENNSYLVANIA
Pittsburgh
Wed Oct 27 11:23:49 EDT 2021

Duquesne Light Company
c/o Bernstein-Burkley, P.C.
707 Grant Street, Suite 2200, Gulf Tower
Pittsburgh, PA 15219-1945

Pennsylvania Department of Revenue
Bankruptcy Division
P.O. Box 280946
Harrisburg, PA 17128-0946

Pennsylvania Dept. of Revenue
Department 280946
P.O. Box 280946
ATTN: BANKRUPTCY DIVISION
Harrisburg, PA 17128-0946

Peoples Natural Gas Company LLC
c/o S. James Wallace, P.C.
845 N. Lincoln Ave.
Pittsburgh, PA 15233-1828

2
U.S. Bankruptcy Court
5414 U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219-2703

Allegheny Health Network
P.O. Box 645266
Pittsburgh, PA 15264-5250

COMCAST
PO BOX 1931
Burlingame, CA 94011-1931

Colaizzi Pedorthic Center
617 Forest Avenue
Pittsburgh, PA 15202-3112

Comcast Xfinity
676 Island Pond Road
Manchester, NH 03109-4840

Comenity Bank
P.O. Box 182789
Columbus, OH 43218-2789

Credit Management Company
Foster Plaza Bldg. 7
661 Anderson Drive Suite 110
Pittsburgh, PA 15220-2700

(p)INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
PO BOX 7346
PHILADELPHIA PA 19101-7346

KML Law Group PC
BNY Mellon Independence Center
Suite 5000
701 Market Street
Philadelphia, PA 19106-1541

Keystone Collections Group
P.O. Box 499
Irwin, PA 15642-0499

Lakevie Loan Servicing LLC
4425 Ponce de Leon Boulevard
MS-251
Miami, FL 33146-1873

Lakeview Loan Servicing, LLC
PO Box 840
Buffalo, NY 14240-0840

(p)M&T BANK
LEGAL DOCUMENT PROCESSING
626 COMMERCE DRIVE
AMHERST NY 14228-2307

Office of the United States Trustee
Liberty Center.
1001 Liberty Avenue, Suite 970
Pittsburgh, PA 15222-3721

PA Department of Human Services
P.O. Box 8052
Harrisburg, PA 17105-8052

PA Department of Revenue
P.O. Box 280432
Harrisburg, PA 17128-0432

(p)PERITUS PORTFOLIO SERVICES II LLC
PO BOX 141419
IRVING TX 75014-1419

Pennsylvania American Water
PO Box 578
Alton IL 62002-0578

Peoples Gas
P.O. Box 644760
Pittsburgh, PA 15264-4760

Peoples Natural Gas Company LLC
c/o S. James Wallace, P.C.
845 North Lincoln Avenue
Pittsburgh, PA 15233-1828

(p)PHOENIX FINANCIAL SERVICES LLC
PO BOX 361450
INDIANAPOLIS IN 46236-1450

Quantum3 Group LLC as agent for
Comenity Bank
PO Box 788
Kirkland, WA 98083-0788

Ringgold School District
c/o Keystone Collections Group
546 Wendel Road
Irwin, PA 15642-7539

Stern & Eisenberg PC
ATTN: Brian LaManna Esq.
1581 Main Street Suite 200
Warrington, PA 18976-3403

Township of Union
c/o Keystone Collections Group
546 Wendel Road
Irwin, PA 15642-7539

UPMC Health Services
PO Box 1123
Minneapolis, MN 55440-1123

Wells Fargo Bank N.A., d/b/a Wells Fargo Aut
PO BOX 130000
Raleigh, NC 27605-1000

Wells Fargo Dealer Services
P.O. Box 10709
Raleigh, NC 27605-0709

Western Penn Power
P.O. Box 3687
Akron, OH 44309-3687

Christian M Rieger
Law Office of Christian M. Rieger
2403 Sidney Street
Suite 214
Pittsburgh, PA 15203-2168

Dawna E. Mozes
6714 Highland Avenue
Finleyville, PA 15332-1006

Pamela J. Wilson
810 Vermont Avenue
Pittsburgh, PA 15234-1222

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Internal Revenue Service
1000 Liberty Avenue
Pittsburgh, PA 15222

M&T Bank
Attn: Bankruptcy
P.O. Box 900
Millsboro, DE 19966

Pendrick Capital Partners, LLC
Peritus Portfolio Services II, LLC
PO BOX 141419
IRVING, TX 75014-1419

Phoenix Financial
P.O. Box 361450
Indianapolis, IN 46236

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)LakeView Loan Servicing, LLC

(d)Pennsylvania Department of Revenue
Bankruptcy Division PO Box 280946
Harrisburg, PA 17128-0946

(u)UPMC Health Services

End of Label Matrix
Mailable recipients 36
Bypassed recipients 3
Total 39

Fill in this information to identify your case:

Debtor 1	Dawna E Mozes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	20-20402		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name 1000 Liberty Avenue Pittsburgh, PA 15222 Number Street City State Zip Code	Last 4 digits of account number 9436	\$3,148.00	\$3,148.00
	When was the debt incurred? 4/2018			\$0.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>				
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p>				
<p>Federal income tax obligation: 2017-2018 tax years</p>				

Debtor 1 **Dawna E Mozes**

Case number (if known) **20-20402**

2.2	PA Department of Revenue Priority Creditor's Name P.O. Box 280432 Harrisburg, PA 17128 Number Street City State Zip Code	Last 4 digits of account number 9436	\$1,151.00	\$1,151.00	\$0.00
When was the debt incurred? 4/2019		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		State EIT obligation - 2018 tax years			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Allegheny Clinic Radiology Nonpriority Creditor's Name P.O. Box 1198 Somerset, PA 15501 Number Street City State Zip Code	Last 4 digits of account number 5591			Total claim \$62.00
When was the debt incurred? 8/2021		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Premium			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 **Dawna E Mozes**

Case number (if known) **20-20402**

4.2	Allegheny Health Network Nonpriority Creditor's Name P.O. Box 645266 Pittsburgh, PA 15264 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4335</u> When was the debt incurred? <u>9/2020</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>	\$56,551.00
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4.3	Colaizzi Pedorthic Center Nonpriority Creditor's Name 617 Forest Avenue Pittsburgh, PA 15202 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? <u>1/2019</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>	\$650.00
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4.4	Comcast Xfinity Nonpriority Creditor's Name 676 Island Pond Road Manchester, NH 03109 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4257</u> When was the debt incurred? <u>2/2018</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	\$448.00
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Debtor 1 **Dawna E Mozes**

Case number (if known) **20-20402**

4.5	Comenity Bank Nonpriority Creditor's Name P.O. Box 182789 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3434 When was the debt incurred? 12/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$1,099.00
4.6	Credit Management Company Nonpriority Creditor's Name Foster Plaza Bldg 7 661 Anderson Drive Suite 110 Pittsburgh, PA 15220 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5294 When was the debt incurred? 8/2021 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bill	\$210.00
4.7	Keystone Collections Group Nonpriority Creditor's Name P.O. Box 499 Irwin, PA 15642 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9436 When was the debt incurred? 4/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Local earned income tax obligation	\$618.00

Debtor 1 **Dawna E Mozes**

Case number (if known) **20-20402**

4.8	PA Department of Human Services Nonpriority Creditor's Name P.O. Box 8052 Medical Assistance Harrisburg, PA 17105 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8622</u> When was the debt incurred? <u>8/2021</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Premium</u>	\$1,540.00
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4.9	Pa Municipal Service CO. Nonpriority Creditor's Name 336 Delaware Avenue Dept. W-46 Oakmont, PA 15139 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? <u>4/2009</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>EIT obligations</u>	\$787.00
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4.1 0	Pennsylvania American Water Nonpriority Creditor's Name P.O. Box 371412 Pittsburgh, PA 15250 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1402</u> When was the debt incurred? <u>1/2020</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	\$437.00
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Debtor 1 **Dawna E Mozes**

Case number (if known)

20-204024.1
1**Pennsylvania American Water**

Nonpriority Creditor's Name

P.O. Box 371412**Pittsburgh, PA 15250**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7301****\$876.00**When was the debt incurred? **8/2021****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utilities**4.1
2**Peoples Gas**

Nonpriority Creditor's Name

P.O. Box 644760**Pittsburgh, PA 15264-4760**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **3262****\$993.00**When was the debt incurred? **1/2020****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utilities**4.1
3**Peoples Gas**

Nonpriority Creditor's Name

P.O. Box 644760**Pittsburgh, PA 15264-4760**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8157****\$1,075.00**When was the debt incurred? **8/2021****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utilities**

Debtor 1 **Dawna E Mozes**

Case number (if known)

20-204024.1
4**Phoenix Financial**Last 4 digits of account number **XXXX****\$1,080.00**

Nonpriority Creditor's Name

P.O. Box 361450**Indianapolis, IN 46236**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **9/2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.1
5**Western Penn Power**Last 4 digits of account number **3508****\$277.00**

Nonpriority Creditor's Name

P.O. Box 3687**Akron, OH 44309**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **1/2020**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Utilities****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	4,299.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	4,299.00
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00

Debtor 1 **Dawna E Mozes**

Case number (if known) **20-20402**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ **66,703.00**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **66,703.00**